# JCAHO
## Continuous Survey Readiness (CSR)

**AHIMA CONFERENCE**

**SAN DIEGO, CA**

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# JCAHO
## Continuous Survey Readiness (CSR)

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# Learning Objectives

- ✓ JCAHO/DoD History
- ✓ Valuable and Useful Resources
- ✓ Medical Record Standards & Issues
- ✓ 2006 National Patient Safety Goals
- ✓ Survey Approach: Shared Visions / New Pathways
- ✓ Survey Approach: Individual Patient Tracer
- ✓ AHIMA Role & Closing Thoughts
- ✓ Questions

# AHIMA Role with Quality/JCAHO/Patient Safety

- Inter Face with:
- Useful People Resources/Committees
  - Medical Record Review Indicators/Issues
  - JCAHO Issues
    - PPR
    - Last Survey
  - Pt Safety Issues
    - Pt Safety Goals
    - RCA's & HFMEA's Risk Reduction Strategies
    - Point of Care MR Review / Rounds
    - PI Methodology
  - Other: Command Orientation
  - Staff Training and Mentorship

- Your Role as a Health Information Administrator is key to Continuous Survey Readiness!

# JCAHO History

- 1910 - Dr. Ernest Codman's "End Result Hospital Standards"
- 1917 - ACS establishes Minimum Standard for Hospitals
- 1918 - ACS begins inspections; 89 out of 692 meet requirements
- 1926 - First "Standards" Manual printed: 18 pages
- 1950 - Care improves, more than 3200 hospitals achieve approval
- 1951 - JCAH is created
- 1964 – Medicare/Medicaid reciprocity

# JCAHO History

- 1987 - JCAH becomes JCAHO. "Agenda for Change"
- 1997 - Integration of outcomes and other performance measures
- 2000 - Random Unannounced Survey policy begins
- 2000 - Root Cause Analysis (Reactive)
- 2002 - Failure Mode Effects Analysis (FMEA) (Proactive)
- 2004 – New Survey Process
- **2006** – Complete Unannounced Surveys in U.S.

# JCAHO/DoD History

- **1988** - DoD adopts requirement for all fixed hospitals of more than 25 beds **must** become accredited by JCAHO
- **1995** - All fixed hospitals and free-standing ambulatory clinics, and MCSCs shall **maintain** accreditation
- **2000** – Navy MED-IG and JCAHO begin joint inspections – similar for other services
- **2001** – Unannounced Surveys across Navy Medicine (30 day notice)
- **2004** – Navy MTF/DTF Integration (JCAHO Survey-able)
- **2006**- “Short Notice” Survey Process for DoD

# Valuable and Useful Resources

- Meet & Collaborate with:
  - Directors/Dept Heads
  - Performance Improvement Coordinator
  - Patient Safety/Risk Management Coordinator
  - Chair of Executive Committee of Medical Staff
  - Environment of Care Committee Chair
  - MRC Chair and MRC members
  - HIPAA POC’s

# Valuable and Useful Resources

- ✓ JCAHO DoD Account Representative
  (630) 792-5746
- ✓ JCAHO Website: www.jcaho.org
- ✓ JCAHO *Perspectives* (JCAHO Publication)
  - ❖ Standard Clarifications and updates
  - ❖ Free: check with PI Coordinator
  - ❖ Navy JCAHO Fellow: **(630)792-5782**
    - CDR LINDA GRANT, NC (FY 06)

# MEDICAL RECORD

- ✓ IM .6.10: Hosp has a complete & accurate Medical Record
  - ❖EP# 12: MR reviewed ongoing basis at the point of care
  - ❖EP# 13: Review based on hospital defined indicators
- ✓ IM.6.20: Record Contains Patient specific information…
  - ❖EP# 1: Each record contains
  - ❖EP# 2: Demographic Information

    * 2006- Include the patient's language and communication needs.

# MEDICAL RECORD

- ✓ IM .6.30: Documentation of operative and high risk procedures.
  - ❖EP# 2: Operative report immediately after procedure
  - ❖EP# 3: Operative progress note immediately after procedure.
  - ❖EP# 5: Post operative assessment & discharge from recovery
- ✓ IM.6.40: Ambulatory Care summary list
  - ❖EP# 1: List by 3rd visit and maintained
  - ❖EP# 3: List contents

# MEDICAL RECORD

- ✓ IM .6.50: Qualified personnel accept and transcribe verbal orders.
  - EP# 2: Verbal order is dated.
  - EP# 4: (NPSG 2) Process is established & followed.
- ✓ IM.6.60: Access to all relevant information from patient's medical record
  - EP# 1: Record tracking
  - EP# 2: Assemble required information or summary of care available.

# Medical Record Review

- The Record Review
  - Regular Record reviews (www.jcaho.org)
  - How many records should be reviewed?—A representative amount
    - Facility's Patient Population
    - Main Services offered.
    - High risk and high volume.
  - By Whom? A Team!
- Medical Record Guides 60%+ of Survey!!!

# MEDICAL RECORD HOSPITAL DEFINED INDICATORS

- JCAHO 2005 Hospital Requirements for Patient Specific Data & Info Contained in Medical Record
  - Part I:
    - General Items
    - Assessment of Patients
    - Documentation of Care
    - Discharge Information

# MEDICAL RECORD HOSPITAL DEFINED INDICATORS

- JCAHO 2005 HOSP Requirements for PT Specific Data & Info Contained in MR
  - Part II:
    - Operative/Other High Risk Procedures
    - Operative Reports Dictated…
    - Restraint for Acute and Surgical Care
    - Ambulatory Care Records
    - Emergency
    - Research….
    - Pts Tx’d for Emotional or Behavioral Disorders
- MTF Specific Indicators

# Medical Record Issues

- Security of Records
  - Security of data (integrity and confidentiality)—How do you do it?
- Secondary Records – availability of information
  - Convenience Records/”Shadow Files”
  - Temporary Records
  - Ancillary Records
- Advance Directives (RI.2.10 & RI.2.80)

# JCAHO IM Findings Navy MTF's 2005

- IM.2.10: Informational privacy & confidentiality are maintained
- IM.3.10: Process to manage info…
- IM.6.10:Complete & Accurate MR
- IM.6.20: MR contain pt specific info (across the continuum of care0
- IM.6.30: Operative .. Procedure Documentation
- IM.6.40: Summary of Care
- IM.6.50: Verbal/Telephone Orders

# 2005 HOSPITAL MEDICAL RECORD STATISTICS FORM

- Determines Compliance with IM.6.10 EP # 10
  - MTF measures MR Delinquency Rate at regular intervals, no less frequently than every 3 months
- Form at JCAHO Website
  - 3 Measurements:
    - Average Monthly Discharge rate
    - Medical Record Delinquency Timeframe
    - Total Acute MR Delinquency Rate

# 2006 JCAHO NPSG'S

1. *Patient Identification
2. *Communication among caregivers
3. *Medication Safety
4. *Universal Protocol
7. *Health Care-associated Infections
8. *Reconciliation of Medications
9. * Patient Falls
10. *Flu & Pneumonia Immunizations – LTC
11. *Surgical Fires -Amb
13. Patient Involvement - Lab
14. *Pressure Ulcers - LTC

* - Medical Record Documentation

# 2006 NPSG # 1: PATIENT IDENTIFICATION

- Requirement 1a: Two patient identifiers

- Requirement 1b: Universal Protocol
  - Verification of correct patient, correct procedure, and “time out” prior to start of invasive procedure.

# 2006 NPSG'S # 2: COMMUNICATION

- Requirement 2a: "Read-back" of verbal orders
- Requirement 2b: Standardize Abbreviations, acronyms, symbols not to use throughout the organization
- Requirement 2c: Timeliness of reporting critical test results/values
- Requirement 2e: "Hand-off" Communication approach

# 2006 NPSG 2b. ABBREVIATIONS

- Do Not Use List – JCAHO list
- Changes :
  - No list of Approved Abbreviations Required
  - Do Not Use List Required (Navy Specific)
- JCAHO Compliance Criteria:
  - 100% for Pre Printed Forms
  - 90% for Handwritten Documentation
    - Includes free text computer entry
  - Computer Generated MR excluded

# Do Not Use List

| | |
|---|---|
| U | Write out Unit |
| IU | Write out International Unit |
| Q.D., QD, q.d., qd | Write Daily |
| Q.O.D., QOD. q.o.d., qod | Write every other day |
| Trailing zero (X.0 mg) | Write X mg |
| Lack of Leading zero (.0 mg) | Write 0.X mg |
| MS, MSO4, MGSO4 | Write out the drug name |

- As HIMA, you are important to your organization!!

- How can you assist with Continuous Survey Readiness?

# New Survey Approach: "Shared Visions—New Pathways"

- A Shared Vision
  - Dedicated to providing safe, high-quality care.
  - Accreditation process supports this effort.
- New Pathways
  - New set of approaches ("pathways") to the accreditation process
- Began January 2004

# NEW SURVEY APPROACH "Short Notice" in 2006

- DoD: JCAHO created "Short notice" process for Security Reasons

- Why Short notice?
  - Meet DoD Security needs
  - No ramp up
  - MTF's Continually ready: Cultural change
    - Standards embedded in daily practice
  - Enhanced Credibility with our Beneficiaries

# New Survey Approach: "Shared Visions—New Pathways

## Components

- Complete Review of Standards
- **Periodic Performance Review (PPR)**
- **Priority Focus Process (PFP)**
- **Tracer Methodology**
- **New Survey Agenda**

# New Survey Approach: "Shared Visions—New Pathways

## PPR - Annually

- **Self Assessment (E-Based)**
- Formally evaluate compliance with all standards
- Annual Requirement: from date of last survey
- 90 Days to complete
- Plan of Action
- Phone interview: JCAHO and MTF

# New Survey Approach: "Shared Visions—New Pathways"

Regular Survey – Approximately every 3 years

Survey Agenda Based on:

- ✓ Priority Focus Process (PFP)
  - Converts data about MTF into Information
  - Shapes Survey Process
- ✓ PFA: Priority Focus Areas: 14 to choose from
- ✓ CSG:Clinical Service Groups:
  - Note: surveyors follow the PFA/CSG closely

# New Survey Approach: "Shared Visions—New Pathways"

## Tracer Selection Criteria:

- ✓ **PFA's** : usually 4-5 out of 15 possible
  - Navy examples:
    - Communication
    - Information mgmt
    - Quality improvement expertise/activities
    - Staffing
    - Patient safety
- ✓ Will be posted to JAYCO Website day of survey in 2006
- ✓ **PFA's** and **CSG's** are the priority focus process summary

# New Survey Approach: Shared Visions—New Pathways

## Tracer Selection Criteria:

- **CSG's :**
  - JCAHO Selects 5 top DRG/DX groups, i.e.:
    - General Medicine
    - General Surgery
    - Obstetrics
    - Trauma/ER
- **Hint:** Review PFP Summary with PI Coordinator to predict where surveyor may go.

# New Survey Approach: "Shared Visions—New Pathways"

- ✓ Tracer Methodology (Road Map)
  - Follow Pt through facility's processes and services experienced by the Patient
  - Survey across programs: Amb, Hosp, Behavioral Health, Home Health
  - Interdisciplinary (no more silos of care)
  - Follow experience of care of several Pts.
  - Medical Record, CSG and PFA are Road Map

# New Survey Approach: "Shared Visions—New Pathways"

- ✓ Tracer: Objectives
  - **Assess** relationships among disciplines & important functions
  - **Evaluate** performance of processes relevant to Patient Care.
  - **Identify** potential opportunities for improvement in care process

- ❖ Note: 50-60% of Survey is Tracer Activity
  - (90 min to 3 hours for each Tracer)

# Individual Patient Tracer Methodology

Overview and

Assortment of Tracer Examples

# Tracer Process

Tracer Visits may include:

- Thorough review of the medical record
- Observation of direct care
- Observation of medication process (as applicable)
- Observation of care planning process
- Individual or family interview
- Review of additional medical records as needed
- Staff level interaction
  - Performance measurement
  - Daily roles and responsibilities
  - Training and orientation
- Review of policies and procedures as needed

# Example of Ambulatory Tracer

- Cardiology is one of top CSG's
- Communication is one of top PFA's
- Surveyor will select a cardiology patient from active patient list, follow care provided to that patient and focus on communication, for example,
  - Patient and family education
  - Staff to patient communication
  - Multidisciplinary team work

# Example of Behavioral Health Tracer

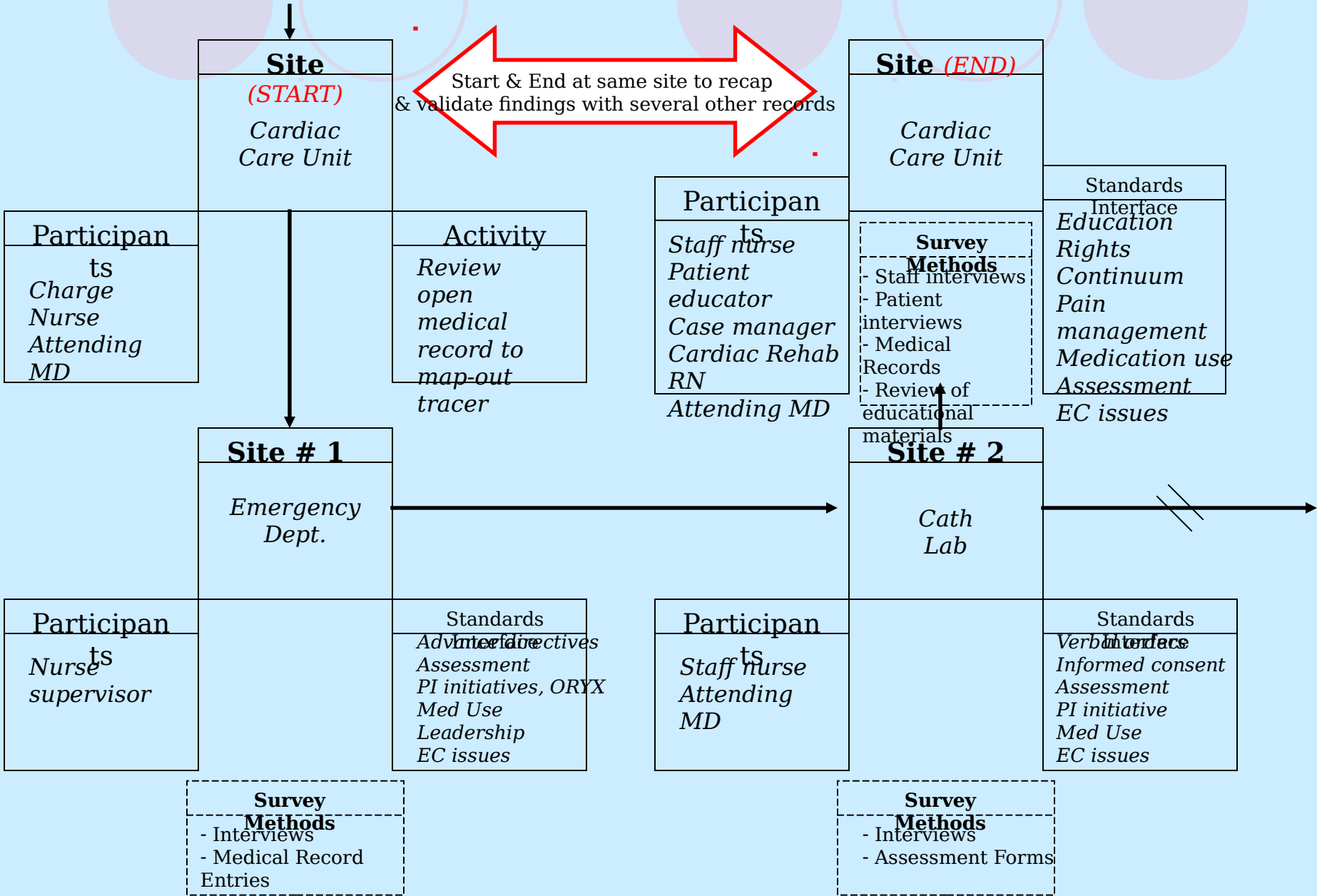
- Chemical dependency is one of top CSG's
- Assessment and care/services is one of top PFA's
- Surveyor will select a chemical dependency client from active client list, follow care provided to that client and focus on assessment and care/services, for example,
  - Planning of care, treatment and services
  - Discharge planning
  - Referrals for continuing care
  - Staff competency

# Example of Hospital Tracer

- Pediatrics is one of top CSG's
- Medication Management is one of top PFA's
- Surveyor will select a pediatric patient from active patient list, follow care provided to that patient and focus on medication management, for example,
  - Dispensing,administering, monitoring
  - Training of staff responsible for processes

# Map of Tracer – *Example on a Cardiac Stent Patient*

Date: __5/19/05_____ Medical Record Number:_123456____ Hospital: _General Hospital, AZ___ Surveyor:John Doe_____
Clinical Service Group:__Cardiology_____ Rationale for Tracer Selection:_PFP identified 2 points for this CSG_____



# Example of Laboratory Tracer

- Chemistry is one of top CSG's
- Analytical procedures is one of top PFA's
- Surveyor will select a patient who received chemistry tests and trace the analytical procedures provided to that patient's testing experience, for example,
  - Specimen collection, transport, receipt and processing
  - Testing process and interpretation of results
  - Reporting of results
    - Turnaround time
    - Critical values

# Tracer : Ortho Pt

PFA: Pt Safety, Communication, Documentation, Information Mgmt, Quality Improvement
CSG: Ortho

- Ortho Clinic:
  - Questions
- ER:
  - Questions
- Radiology:
  - Questions:
- Admissions:
  - Questions?
- Ward
  - Questions:
- OR/Anesthesia/PACU
  - Questions:
- Lab/Pharmacy:
  - Questions:

# Dental Tracer

- 2005 Tracer activity:
  - Pain management
  - Moderate Sedation
  - Acute Patient
  - Walk in Patient
  - Admitted Patient

# Closing Thoughts

## Informational Road to Success & High Quality Care:

- ✓ Key areas to include in your Orientation
- ✓ Collaboration with key staff and Cmtees
  - ✓ Review minutes and turn rocks over periodically
- ✓ Review the Key JCAHO Functions
  - ✓ Include in your staff orientation and training
- ✓ If in Doubt: Use your JCAHO Resources/POC's

# AHIMA Role with Quality/JCAHO/Patient Safety

- Do up a check list
  - Useful People Resources/Committees
  - Medical Record Review Indicators/Issues
  - JCAHO Issues
    - PPR
    - Last Survey
  - Pt Safety Issues
    - Pt Safety Goals
    - RCA's & HFMEA's Risk Reduction Strategies
    - Point of Care MR Review / Rounds
    - PI Methodology
  - Other: Command Orientation

# Thank You!
# &
# **Questions**